

CT CORPORATE SYSTEM

A33159

CORPORATION(S) NAME

G.S. North, Ltd.

0

FILED
01 JUL -3 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2401 JUL -3 AM 11:06
TO BE FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment BK | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/3/01

Order#: 4630958

100004458061--0

-07/03/01--01052--016

Ref#: *****105.00 *****105.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
G.S. NORTH, LTD.**

01 JUL -3 PM 1:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on June 30, 1992 and amended on June 3, 1998, adopts the following Certificate of Amendment to its Certificate of Limited Partnership of G.S. North, Ltd.

FIRST: Amendments:

1. The name and address of the registered agent of the limited partnership is now:

C T Corporation System
1200 South Pine island Road
Plantation, Fl 33324

2. References to Good Samaritan Medical Pavilions, Inc. as the sole general partner of the limited partnership are hereby deleted. The sole general partner of the Partnership is Tenet West Palm Real Estate, Inc., a Florida corporation.

PC100049387

3. The business and mailing address of the limited partnership is:

3832 State Street
Santa Barbara, California 39105

4. The business and mailing address of the sole general partner of the limited partnership is:

3832 State Street
Santa Barbara, California 39105

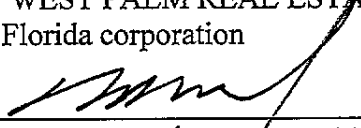
SECOND: This Certificate of Amendment shall be effective at the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned, being the sole General Partner of the Partnership, joined by the Good Samaritan Medical Pavilions, Inc., the former General Partner of the Partnership, have duly executed this Certificate of Amendment to Certificate of Limited Partnership this ____ day of _____, 2001.

01 JUL 05
SECRET
TALLAHASSEE
STATE
FLORIDA
FILED
PM 1:16

GENERAL PARTNER:

TENET WEST PALM REAL ESTATE,
INC., a Florida corporation

By: 
Vice President

JOINED BY:

**GOOD SAMARITAN MEDICAL
PAVILIONS, INC., a Florida corporation**

By: 
President

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions and statutes relative to the proper and complete performance of my duties.

Dated this 3rd day of July, 2001.

By: Connie Bryan
Name: CONNIE BRYAN
Title: SPECIAL ASSISTANT SECRETARY

01 JUL 3 PM 1:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA